

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 89

1. PLACE OF DEATH:

(a) County. Audrain
(b) City or town. Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1300 W. Liberty St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5-YEARS (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Willis Franklin Vance

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Maude Vance 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased. October 10 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 28 hr. min.

9. Birthplace Foosland Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation. Real Estate dealer

11. Industry or business.

MOTHER FATHER { 12. Name William S. Vance
13. Birthplace Kranklin County, Va.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Jane Helmick
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D.T. Moore

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof June 10, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Mount Hope, Mount City, Mo.

18. (a) Signature of funeral director. Paul S. Parks

(b) Address Mexico, Mo.

19. (a) June 9-1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico (If outside city or town limits, write "RURAL")
(d) Street No. 1300 W. Liberty St. (If rural, give location)
(e) Citizen of foreign country? (Yes No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 8 to June 8, 1941
that I last saw him alive on June 8 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart Duration

Due to Myocarditis Chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Paul S. Parks (M. D. or other)
Address 119 East Main St Date signed June 9/1941

RECEIVED

District Health Officer No. 10

District File Number 7-41-1256

Date Filed JUL 10 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Earl E. Precht

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.